DELIVERY DOCUMENT

SHIP METHOD: Ground 297073
BOL NUMBER:
CUSTOMER: LNS Pack & Hold
PROJECT: BVVJ3WETD
ORIGIN: Redman Van & Storage

Contact: LYNN CHANDLER
Phone: 801-972-4420 EXT 338
Address: 2589 south 2570 west

City, State, Zip: west valley city, UT 84119

CARRIER:
Phone:
Address:

City, State, Zip:

STOP#: _____ of _____
SHIPMENT: 1068639
WBS: E.719325.C.02

DESTINATION: CENTURY LINK-MURRAY 2, BACA
Address: 5448 RILEY LANE (200 W.) DOOR B
City, State, Zip: MURRAY, UT 84107
Primary Contact: JULIE BACA-CENTURY LINK
Primary Phone: 801-237-5351
Secondary Contact: TONY VanALLEN
Secondary Phone: 801-265-5028

SPECIAL INSTRUCTIONS: DAVE ROBINSON 801-851-0824 CALLED OUT

Labourly File

SHIPMENT EVALUATION / CONFIRMATION:

Service Type: ST TT V HH
Loader Name: _____
Driver/Helper Name: _____
Truck/Number: _____
Miles Traveled: _____
On site time: _____

Date Requested: 2/26/2015
Time Requested: Between 9:00 AM - 2:00 PM
Start Date / Time: _____
Actual Arrival Time: _____
Depart. Date/Time: _____
Finish Date/Time: _____

no time written SF

YES NO Did your shipment arrive on time?
YES NO N/A If there were any changes to the delivery schedule, were you notified?
YES NO Did you receive all carton numbers listed on the Bill of Lading?
YES NO Did we have the appropriate tool(s) for delivery?
YES NO Did we meet your expectations?

Receiver Name: Julie Baca
Receiver Signature: Julie Baca

**ATTENTION RECEIVER - You must inventory total carton count and initial receipt or each carton number.
Any discrepancies must be noted at this time in the comments section.
Please notate any damage in the Comments section below.

COMMENTS: _____